

OHIO LIONS FOUNDATION APPLICATION FOR DISASTER RELIEF

COMPLETED BY APPLICANT

Date: _____ and type of disaster: _____

Address at time of loss: _____

Present address, if different from above: _____

Present telephone number: _____

Extent of loss: _____

Was any portion of the loss covered by insurance? _____

Medical injury or treatment: _____

Amount of relief in gift cards requested: _____

I attest that the above information is true and correct to the best of my knowledge and belief.

Date: _____ Signature of Applicant: _____

Lions Club _____

Name and address of where to send cards: _____

APPLICATION FOR DISASTER RELIEF (PART II TO BE COMPLETED BY ADVISORY COMMITTEE)

Additional information and findings from interview and/or investigation:

The application is approved for the following services:

Amount approved: \$ _____ in gift cards

Lions Club _____

Club contact person _____

Nature of services: _____

DISASTER RELIEF ADVISORY COMMITTEE:

By: _____ Date: _____

Authorized signature: _____